

## ANNUITY VERIFICATION

To: (Name & address)

Date\_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Applicant/Participant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, \_\_\_\_\_  
Project Owner/Management Agent

RETURN THIS FORM TO:

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### **VERIFICATION:**

Type of Annuity\_\_\_\_\_ Principal Amount \$\_\_\_\_\_

List date Annuity originated\_\_\_\_\_

Annual interest rate (if variable list current rate) \_\_\_\_\_% or Annual earnings \$\_\_\_\_\_

Is the recipient's name same as stated above? ☐ Yes ☐ No

How much of the principal amount did the recipient contribute? \$\_\_\_\_\_

Does the recipient have access to the Annuity? ☐ Yes ☐ No

If yes list current Cash Value (Principal value less all penalties) \$\_\_\_\_\_

Does the recipient receive regular payments? ☐ Yes ☐ No

If yes list Amount\$\_\_\_\_\_ Frequency:\_\_\_\_\_

Date payments started\_\_\_\_\_ If not a life annuity list end date\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title (please print): \_\_\_\_\_

Telephone #: \_\_\_\_\_

The use of white out, black out, or alteration of original information will void this document.